

At a Glance: Kaiser Permanente's Clinical Approach to Preventing Suicide

Suicide claims more than 47,000 lives in the United States each year, with each death having a devastating impact on surviving loved ones, caregivers, and communities.¹

But suicide is preventable. Research shows that almost half of those who died by suicide had sought medical care in the last month prior to their death.² Moreover, the great majority of those who survive a suicide attempt will not go on to take their own

"Our approach to suicide prevention needs to involve the humans and the system. Human caring and outreach is essential but we need to make sure we do that systematically; that we identify everyone who is at risk and that we always offer effective interventions."

Greg Simon, MD, MPH
Senior Investigator,
Kaiser Permanente Washington
Health Research Institute
Psychiatrist, Washington
Permanente Medical Group

lives, illustrating the important opportunity providers and health systems have in the effort to prevent suicide. Identifying people at risk for suicide and providing appropriate, whole-person, evidence-based care is crucial to reducing risk of suicide. Suicide is a serious public health issue, and with systemwide transformation and engagement from government, health systems and providers,

communities, and more, we can all take action to prevent suicide.

Kaiser Permanente's approach to suicide prevention

Kaiser Permanente believes that preventing suicide needs to happen in a variety of settings beyond hospital walls. From stigma prevention campaigns to research centers to school and community engagement initiatives, spreading awareness and education is part of Kaiser Permanente's commitment to total health – the knowledge that overall health and wellness involves mind, body, and spirit.

As the nation's largest, private integrated delivery system, Kaiser Permanente is uniquely capable of providing a person-centered and systemwide approach to care. From primary care to mental health specialty care to emergency care and everything in between, Kaiser Permanente's integrated model enables providers to coordinate and manage care delivery across the health care continuum. Comprehensive care is essential to comprehensive suicide prevention.

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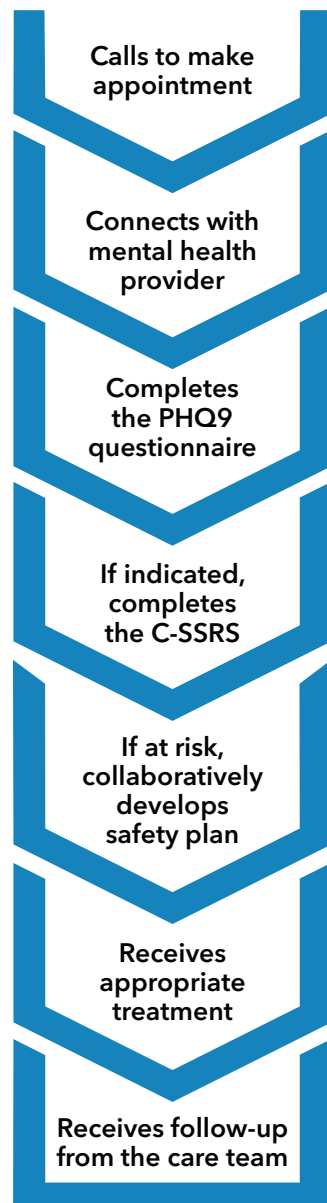
GET THE FACTS: Suicide in the United States

- **Suicide is the second leading cause of death among children, teens, and young adults ages 10-34³**
- **Suicide is the 10th leading cause of death in the U.S., and increasing rates of suicide have contributed to the third year in a row of **decreased life expectancy** in the United States^{4,5,6}**
- **From 1999 through 2017, the age-adjusted suicide rate increased 33%⁷**
- **More lives are lost to suicide than car accidents⁸**
- **More lives are lost to suicide than homicides and HIV/AIDS combined⁹**

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THE PATIENT'S PATHWAY



Kaiser Permanente views suicide as a "never event." We are working within the national Zero Suicide framework, which is rooted in the belief that suicide is preventable when the right care and systems are in place. In alignment with Kaiser Permanente's model of integrated care, Zero Suicide promotes shifting away from fragmentation and moving toward a holistic approach to patient safety and quality improvement, applying safety principles similar to those that have been used to prevent wrong site surgery or falls in the hospital.

Kaiser Permanente's suicide prevention clinical pathway

Kaiser Permanente is working toward increasing the reliability of care processes for members at risk for suicide.

The Patient Health Questionnaire (PHQ-9)

is a screening tool used to screen, diagnose, monitor, and measure the severity of depression.

The Columbia Suicide Severity Rating Scale (C-SSRS)

is a suicide risk assessment tool.

Key focus areas include:

- Screening and assessment
- Collaboratively developed safety plan intervention (including reducing access to lethal means and coordination with family)
- Timely follow up

The pathway illustrated to the left is intended to allow the care system to reliably assess for risk of self-harm and intervene when necessary. It is being implemented in specialty mental health and addiction care settings with the intention of spreading to other clinical areas where appropriate (such as emergency departments and primary care settings).

IF YOU ARE IN CRISIS

Call the toll-free **National Suicide Prevention Lifeline** at **1-800-273-TALK (8255)**, available **24 hours a day, 7 days a week**. All calls are confidential.

You can also text the **Crisis Text Line** available **24 hours a day, 7 days a week**. Text **"HOME"** to **741741**.

¹"Suicide Statistics." American Foundation for Suicide Prevention, April 11, 2019, afsp.org/about-suicide/suicide-statistics/.

²Jerry Reed, PhD, MSW, "Primary Care: A Crucial Setting for Suicide Prevention," SAMHSA- HRSA Center for Integrated Health Solutions, April 11, 2019, integration.samhsa.gov/about-us/esolutions-newsletter/suicide-prevention-in-primary-care.

³Holly Hedegaard, MD et al., "Suicide Mortality in the United States, 1999-2017" NCHS Data Brief, Centers for Disease Control and Prevention, November 2018, cdc.gov/nchs/data/databriefs/db330-h.pdf.

⁴See note 3.

⁵"CDC Director's Media Statement on U.S. Life Expectancy," Centers for Disease Control and Prevention, November 29, 2018, cdc.gov/media/releases/2018/s1129-US-life-expectancy.html.

⁶Lenny Bernstein, "U.S. life expectancy declines again, a dismal trend not seen since World War I," The Washington Post, November 2018,

[washingtonpost.com/national/health-science/us-life-expectancy-declines-again-a-dismal-trend-not-seen-since-world-war-i/2018/11/28/ae58bc8c-f28c-11e8-bc79-68604ed88993_story.html](https://www.washingtonpost.com/national/health-science/us-life-expectancy-declines-again-a-dismal-trend-not-seen-since-world-war-i/2018/11/28/ae58bc8c-f28c-11e8-bc79-68604ed88993_story.html).

⁷See note 3.

⁸"Suicide Now Kills More People Than Car Crashes," Journal of Medicine, August 2013, ISSN 1940-6967, [nacp.org/journal-of-medicine/1251-suicide-now-kills-more-people-than-car-crashes.html](https://www.nacp.org/journal-of-medicine/1251-suicide-now-kills-more-people-than-car-crashes.html).

⁹"Ten Leading Causes of Death and Injury," Centers for Disease Control and Prevention, 2017, cdc.gov/injury/wisqars/LeadingCauses.html.